U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

13436	1/1/2004 Through 12/3/2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name FRANCIS C BOUDROW	Name ASBESTOS WORKERS Loc #6	
	Labor Organization File Number	
PO Box Bldg Room No If any	PO Box Building and Room Number if any	
Street 48 ESSEX ST	Street 303 FREFRIKT ST	
City MALOEN	City BOSTON	
State MA ZIP Code + 4 02148	State MA ZIP Code + 4 02/22-35/3	
5 Position in labor organization BUS MANAGER, TWAN	WAL SECK. HOW TRUSTEE	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
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Trade Name if any		
PO Box Bldg Room No if any	A STATE OF THE PARTY OF THE PAR	
	7 b Amount.	
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City (2) English For t	1 1 1 1 1 1	
State ZIP Code +4		
Signature		
15 Signature and verification The undersigned declares under penalty of Penury and other applicable prinaities of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed Francis C Boudion	On 8/12/03 6/17-436-4666 Date Telephone Number	
	1000	

Name of Person Filing FRANCIS C BOUDROW	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any) Name UII CO Trade Name if any P O Box, Bldg Room No if any Street 800 South Main St Suite 202 City MANS KIELO State MA ZIP Code + 4 02098	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name ASSESTOS WOLFELS L.C. & HTW FAMO Trade Name if any PO Box Bldg Room No if any Street 23 BANDWAY City MEN YOLK ZIP Code + 4 /daa3-5/	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount
C Received from any employer (other than an employer covered unde	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b ls the Business an Employer or Consultant ?	14 b Amount of payment.

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8 Name and address of Business (including trade name if any) Name ASBESTOS WORKELS Loc 6 H + W FOND Trade Name if any P O Box Bldg Room No if any Street 730 BROHOWAY 10 TH FIRE City NEW YORK ZIP (ode+4 10003-951)	9 Business deals with	
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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Traves C Boultonsignature 8/12/05 date